



TOWN OF WESTFORD
BOARD OF HEALTH
TOWN HALL
WESTFORD, MASSACHUSETTS 01886
Phone #978-692-5509 Fax #978-399-2558

APPLICATION FOR PERMIT TO OPERATE ASWIMMING / WADING POOL
FEE: \$100.00 Annual, \$75.00 Seasonal

Location_____

Owner_____ Contractor_____

POOL INFORMATION

Type_____ Length_____ Width_____ Volume_____

Source of Water_____ Plans Submitted for Approval_____

Size: Swimming Area_____ Non-swimming Area_____
Diving Area_____ Maximum Bather Load_____

Scum Gutter_____

Trim & Finish (Pool walls & bottom)_____

Decking: Type_____ Minimum Width_____

Dates of Operation:_____

MECHANICAL INFORMATION

Type of Filter_____ Total Filter Area _____
Circulation Rate (G.P.M.)_____ Backwash Rate (G.P.M.)_____
Turnover Rate (in hours)_____

Skimmers: Weir Length_____ Number_____
Chlorinator: Type _____ Capacity_____
Chemical Feeders: Capacity_____ Quantity_____

Name of Certified Operator_____
Number of Lifeguards on duty_____

Remarks:_____

Social Sec #/Federal ID #

Signature of Applicant

Date